

Fig. 1

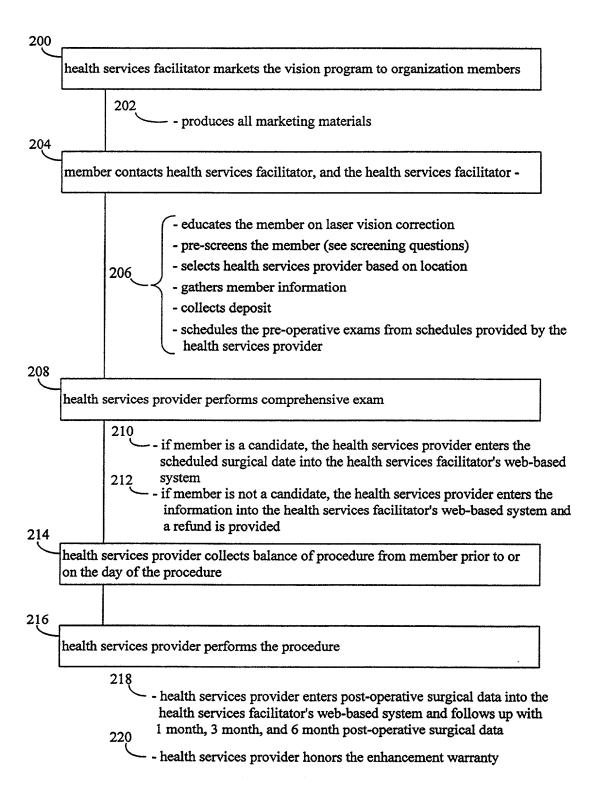
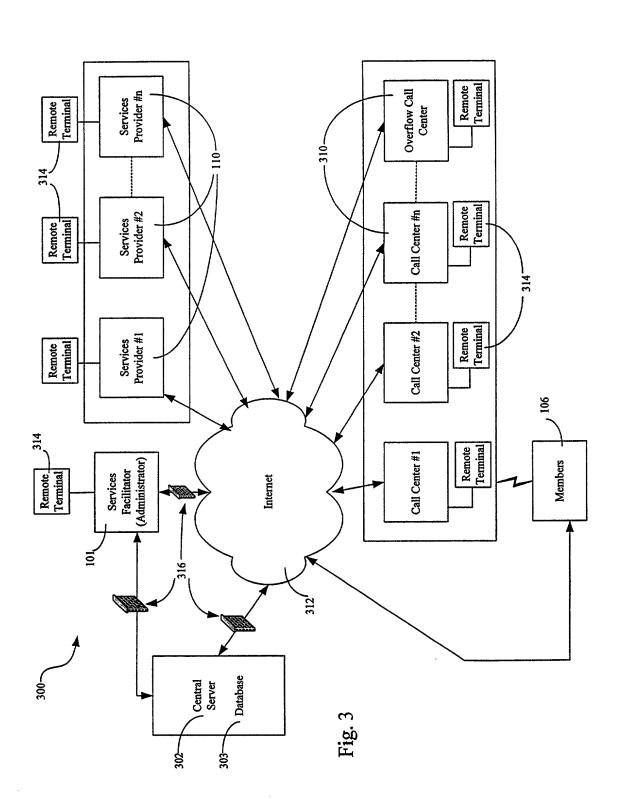
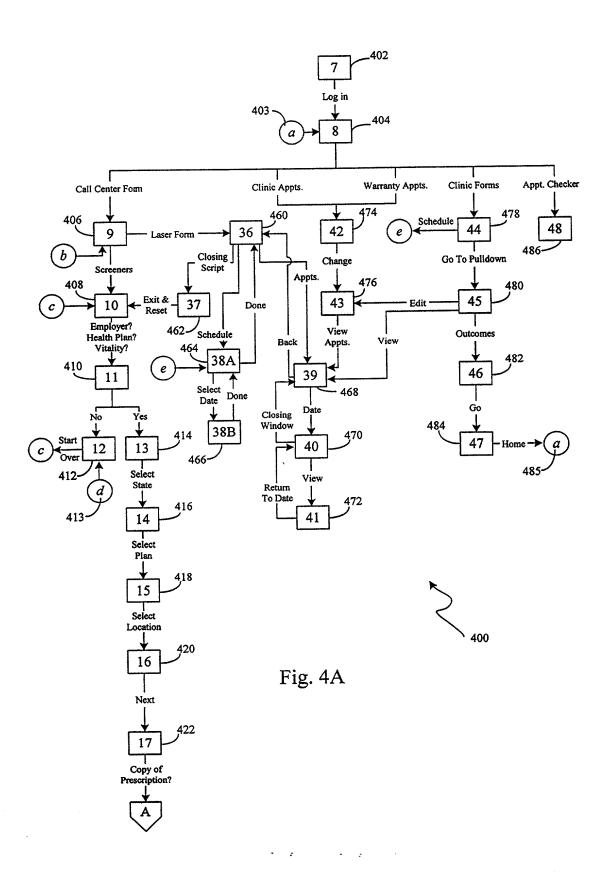
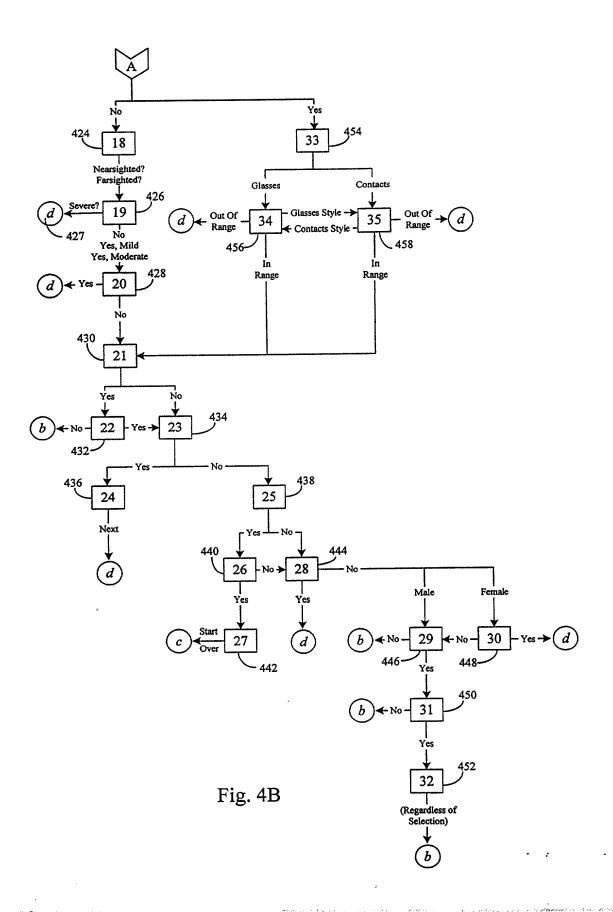


Fig. 2

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587







500

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES

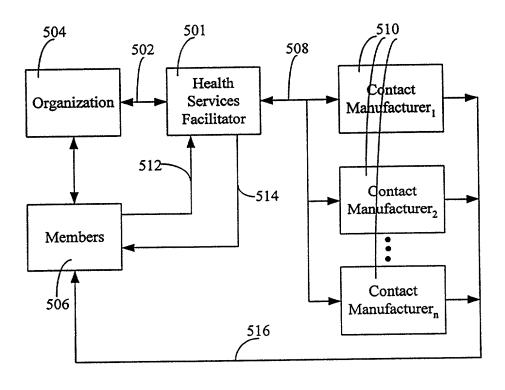


Fig. 5

600

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587 ŗ

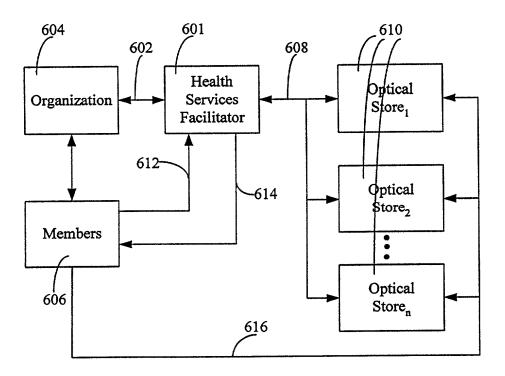


Fig. 6

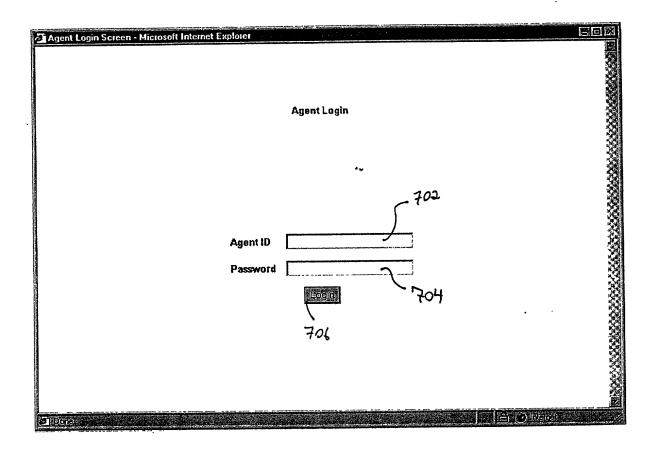


Fig. 7

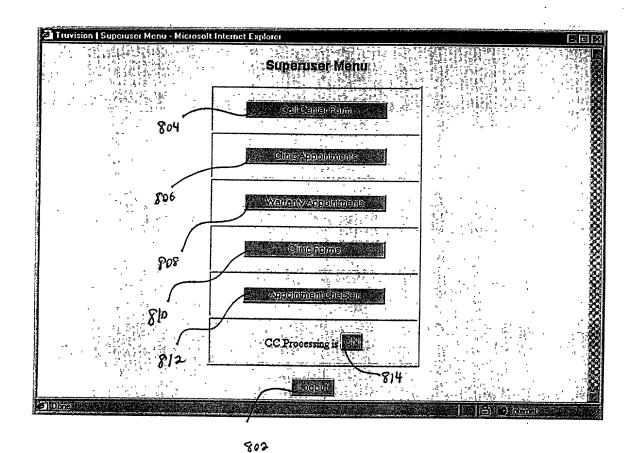


FIG. 8

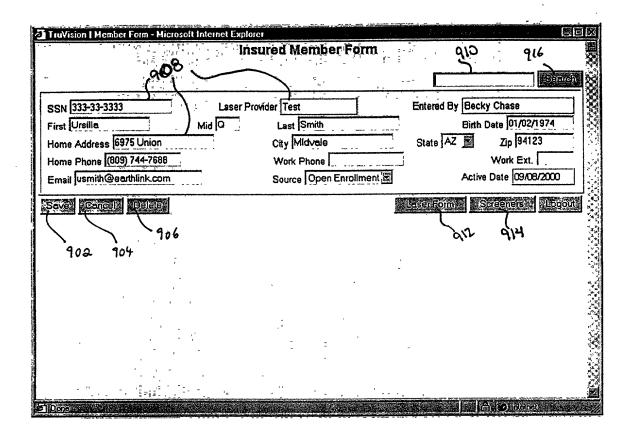


FIG. 9

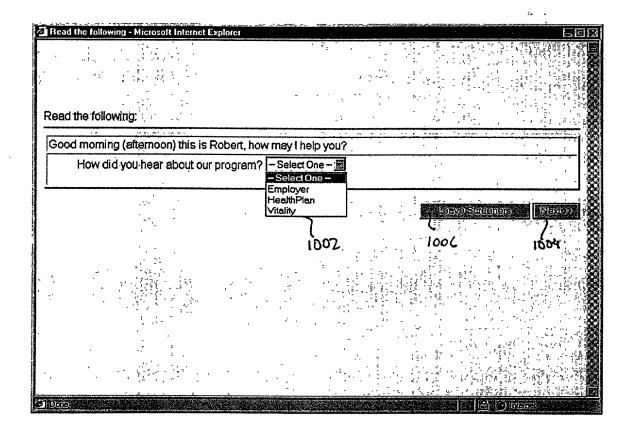


FIG. 10

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

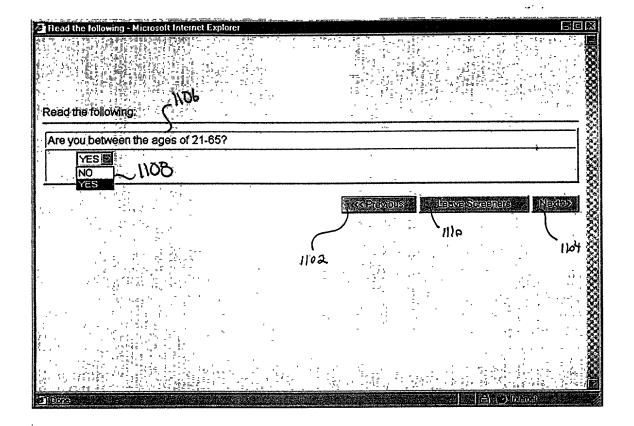


FIG. 11

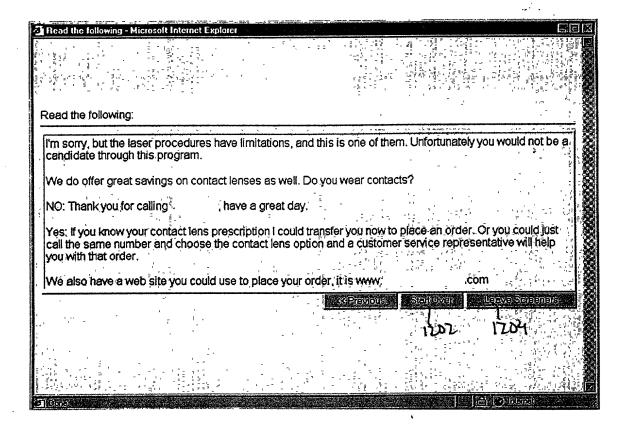
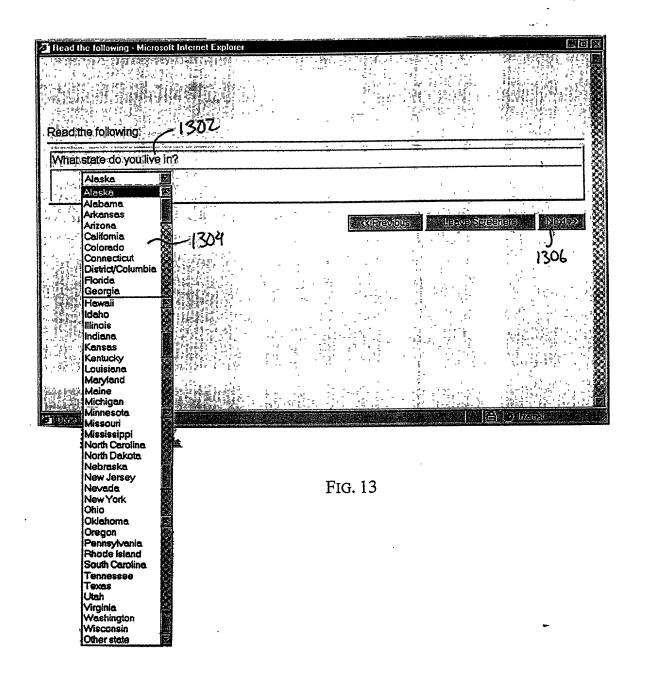
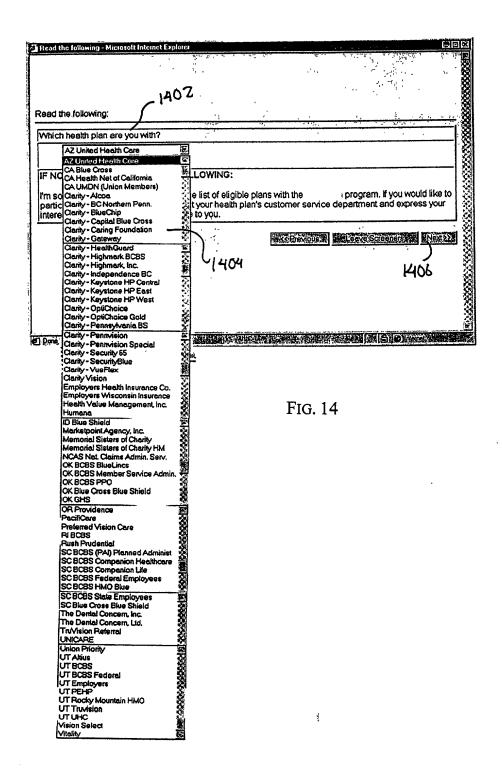


FIG. 12





tead the following:				
Through AZ United Health Care	we offe	r laser eye servic	es in:	
-	(Specified Price	ce Type = HP)		
Laser Vision Institute in Den		.≪Ærevi∘		Nexex
*if a neighboring s click "previous" u	ntil you can se	lect another sta	te. If the state is	1506
not listed, there is		ianis iii.diae ami	4, " " " " "	
	2 j.	iably III that som		-

FIG. 15

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

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	160 ⁷
the following:	\18e
Now let me tell you a little bit about the Laser	r Center
CO-LASER VISION INSTITUTE LVII - DA	\
Because of your Health Plan,	can offer GREAT SAVINGS on laser vision
correction. Price Per Eye & Deposit Amounts	
Vitality Members: \$775.00 / \$400.00	*******
All Other Health Plan Members: \$675.00	/\$200.00
-The price is per eye, and it includes a c and all pertinent follow-up visits.	comprehensive eye exam, the laser procedure,
	w-up visits are normally set at 1 day, 1 week, 1
•	
exam date. This deposit is fully refundable	our pre-operative exam, which reserves your ole if you decide not to have the procedure or if e refund is processed 30 days from the date of applied to the price of the procedure.
(The \$450 price per eye is a promotional	offer, and only applies to persons with a tigmatism. This will be determined at the initial
We have excellent surgeons and the doc	ctor in your area is Dr. Paul F. Cutarelli
published numerous articles involving L numerous research awards and has writ	rch in various areas of ophthalmology and has
The name of the laser center is the	
Laser Vision Institute	
7900 East Union Ave., Suite 100, Tower ii Denver, CO 80237	II a second of the second of t
Web Address: www.laservisioninstitute.	com المنظم ا
Nidek EC 5000 Laser.)	at this location they use an FDA approved
(if they ask further questions, tell them th Astigmatism.)	ne Nidek corrects for Nearsightedness and
If you'd like to schedule a comprehension	ve exam i'il need to ask you some başic help determine if you are a possible candidate
-Yes, click on "Next"	- 1-6 1-6 1-6
-No, Thank you for calling . If you ha	ave further questions:please,visit our website, me back at XXX-XXX-XXXX-Ext. XXXX.
/	,
	1604
	ILAL 1607

FIG. 16

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES Inventor: Lindsay T. ATWOOD

Serial No.: 09/933,587

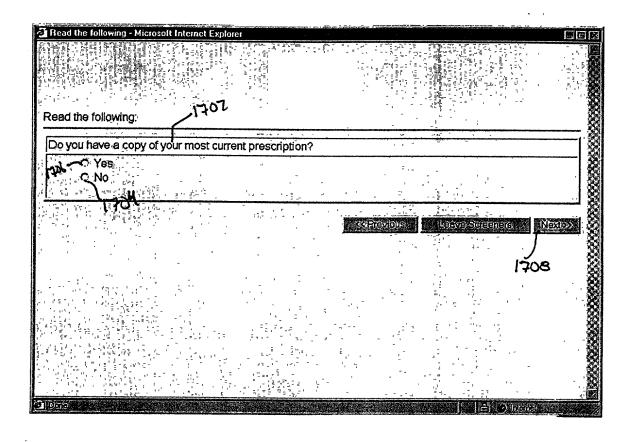


FIG. 17

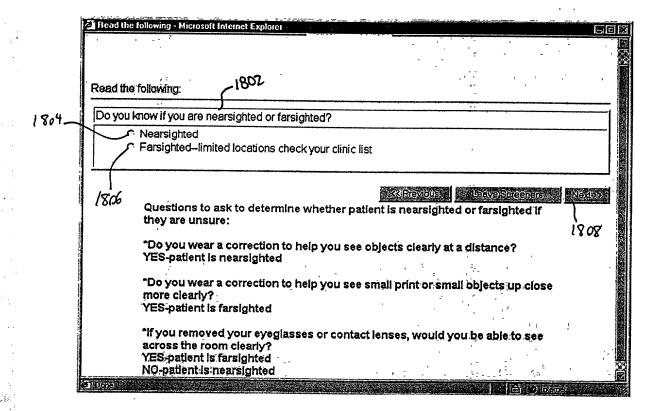


FIG. 18

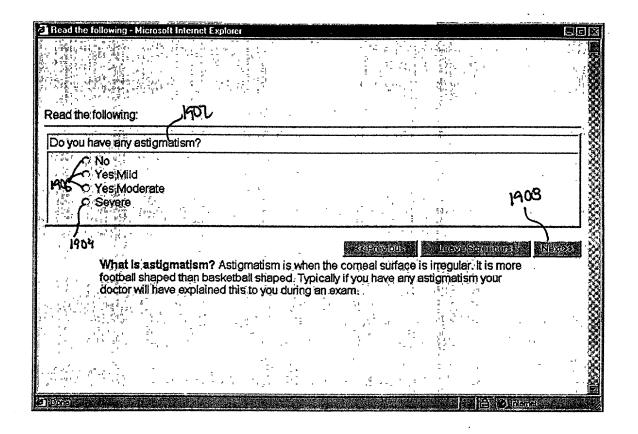


FIG. 19

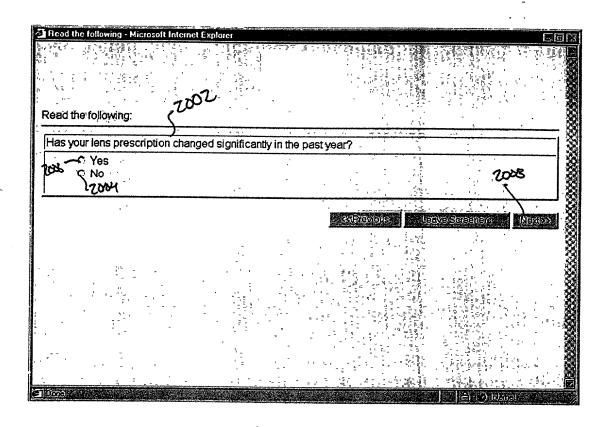


FIG. 20

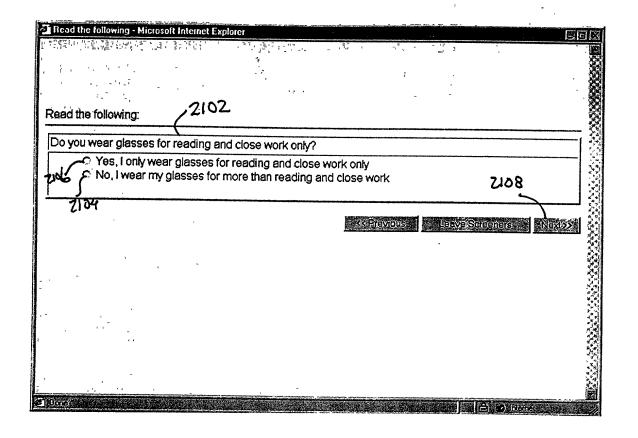


FIG. 21

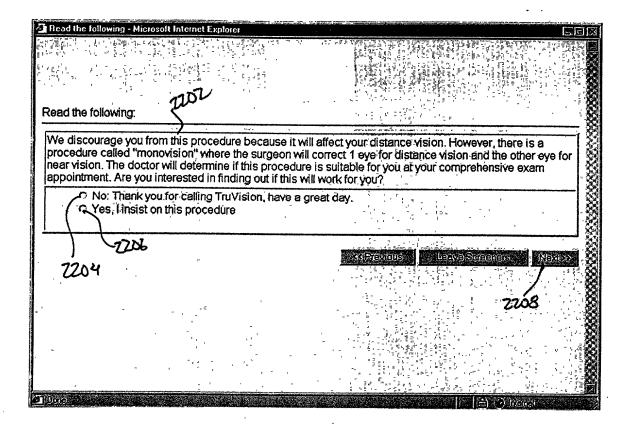


FIG. 22

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

I Read the following - Microsoft Internet Explorer	
Read the following:	
Are you aware of any medical conditions related to your keratoconus RK (radial keratotomy) or ambiyopla (eyes such as glaucoma, cataracts, azy eye)?
C Yes	
7304 7306 · · ·	**************************************
	2308

FIG. 23

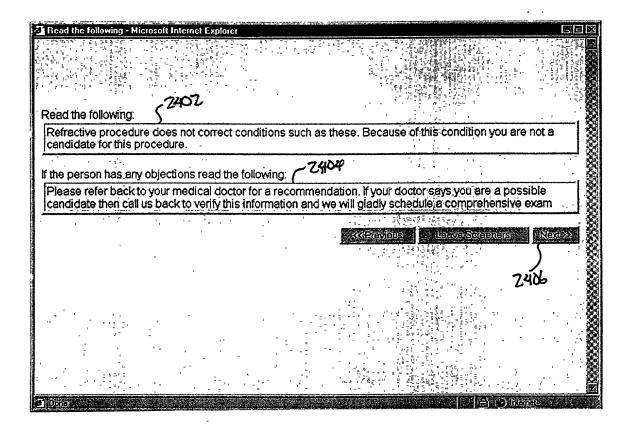


FIG. 24

Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

Read the following - Mi	crosoft Internet	Explorer		recon F. was a terraphorne			
ead the following:	7502		- ,	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	The state of the s	The second secon
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	-	- "	-				
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					1 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		

FIG. 25

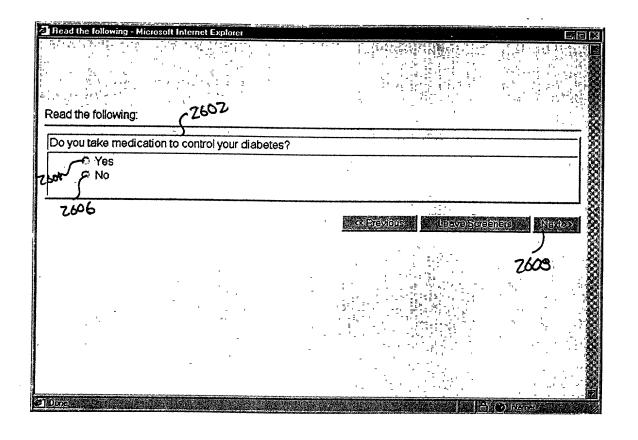


FIG. 26

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Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION OF SERVICES

Read the following	ng - Microsoft I	nternet Explo	rer		State of the state		(40.00)
Read the follow	ing:)Z70	1				
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							1 "
	<u>'</u>	THA	NK YOU FOR CA	ALLING'			i
		THA	NK YOU FOR CA	ALLING (TO STORY WAS DESIGNATION OF THE STORY	i (Legye)Sc	TEPOBIS

FIG. 27

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Title: METHODS AND APPARATUS FOR FACILITATING THE PROVISION

OF SERVICES
Inventor: Lindsay T. ATWOOD
Serial No.: 09/933,587

FIG. 28

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

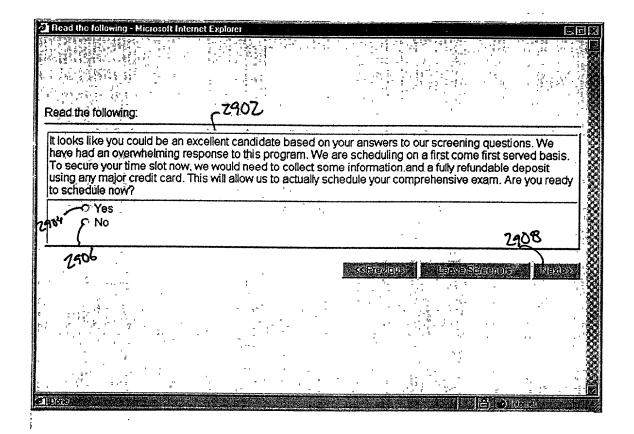


FIG. 29

The first was the state of the

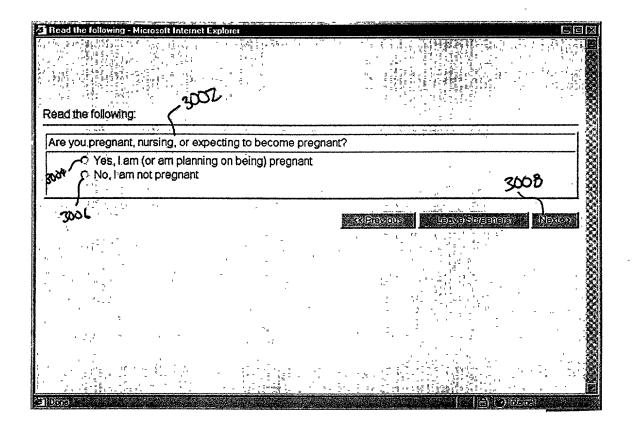


FIG. 30

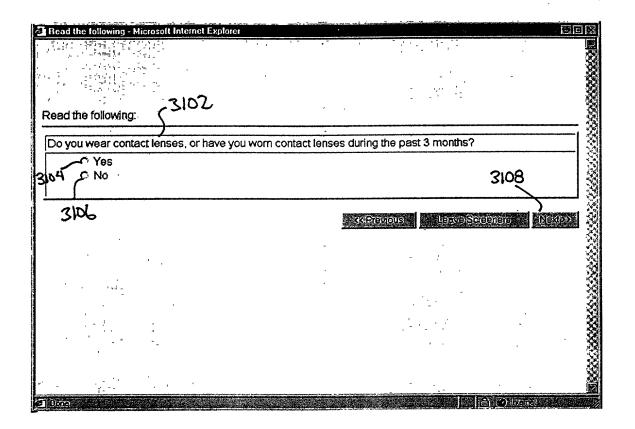


FIG. 31

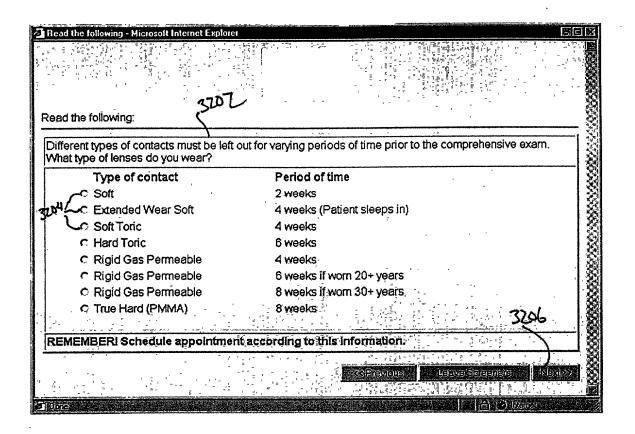


FIG. 32

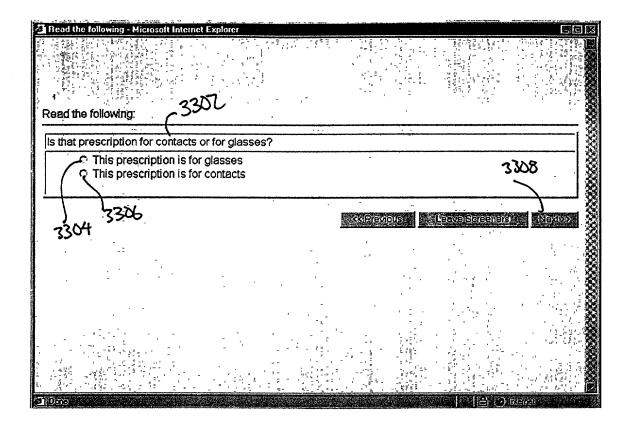


FIG. 33

` Ta,	ing - Microsoft Int						:
Read the follo	wing:	3402			**************************************	**************************************	
Can you read	me your preso	ription?					:
Right Ey Left Ey Bifocal Powe	e	Sphere OD OS	Cylinder x x Add (Also ma	1	104		•
Range:	Sphere (+5.00 to -12 (+) = indicate (-) = indicates	s farsighted p	erson person				
Range:	Gylinder (+4.00 to -4.0 Axis (1-180)	0)					10 mm m m m m m m m m m m m m m m m m m
(DO NOT RE		If contact ore	scription is h	Contacts style			

FIG. 34

	1807		E 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Read the f	bllowing: 2000	A STATE OF THE STA	
Can you i	ead me your prescription?		
Right Eye			
Range:	Sphere (+5.00 to -12.00) (+) = indicates farsighted person (-) = indicates nearsighted person	·	
	Cylinder (+4.00 to -4,00)		
Range:			
Range:	Axis. (1-180-)	3	\$6 2
Range:	The state of the s		508

FIG. 35

10 1002991 Laser Provider Test		Entered By Bo	cky Chase
First Ursilla	Mid Q Lest Smith	12. 7 - 2 - 1	Birth Date 01/02/1974
Home Address 6975 Union	City Mic	ivale State A	Z Zip 94123
Home Phone (809) 744-7688	Work Phone	. Wor	k Ext
Email usmith@eadhlink.com	Source Open Enrol	llment ' A	Active Date 09/08/2000
	· · · · · · · · · · · · · · · · · · ·		
Entered By Becky Chase	3619	i, je	Laser Cent
	AK-OurTown - TEST CLI	VIC \$749/\$200 HP	
Plan Type UT Truvision	☐ Follow up Fo	ollowup Date	Best Call Time
Date Paid CC Autho	ode 4456 CC 1	Fransaction ID 44875654	Card Approve
Current Comprehensive Tuesday, A	August 14th, 2001 - 9:45 am	Schedule	Paid in full
** ,	, 7		One Eye Only
	Transfer To	Contact Status	
Surgery Scheduled Date 08/14/20	001 Booked Oal		Refund Ami
Surgery Scheduled Time 2:00 PM		1417 kgt. 1417 kgt.	Refund Date
Surgery Performed Date	ReasonCancelled	(本) キャラケー 計画	d Auth#
		Refund R	efund XID
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(Sava) (Cancal) : (Cloamerster)		Appoin	inenis Home Loge
il Dina			
\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	SIL	1	
3608 36	1 7		

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

Read the following:

Now to confirm your appointment, it is Saturday, August 11th, 2001 at 8:00 am

The clinic is located at:
123 S. Main St
OurTown, AK

This pre-operative exam will take about 1-1 1/2 hours. Your eyes will be dilated so you will need a driver and if you have sunglasses, you may want to bring them as well. Arrive a few minutes early to fill out any paperwork necessary and have your insurance card with you to verify your eligibility for the special prices.

Any information about the laser or surgical procedures can be answered by the clinic at your pre-operative exam. Thank you for calling and good luck.

FIG. 37

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

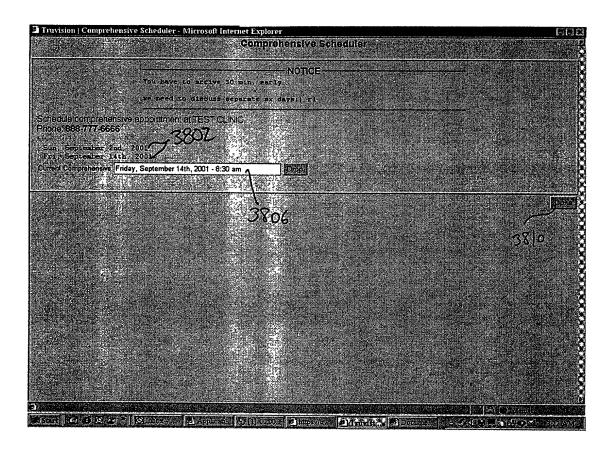


FIG. 38A

OF SERVICES
Inventor: Lindsay T. ATWOOD
Serial No.: 09/933,587

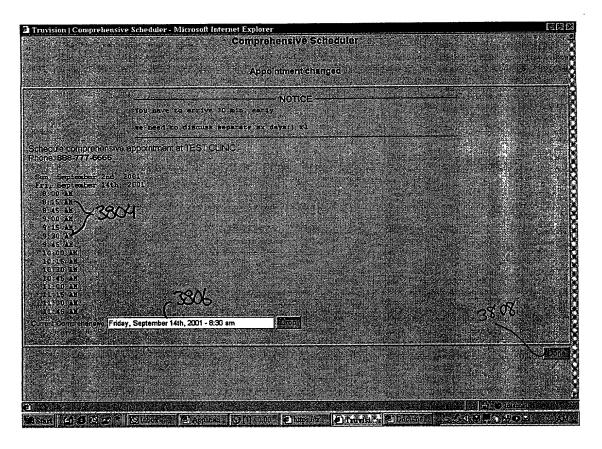


FIG. 38B

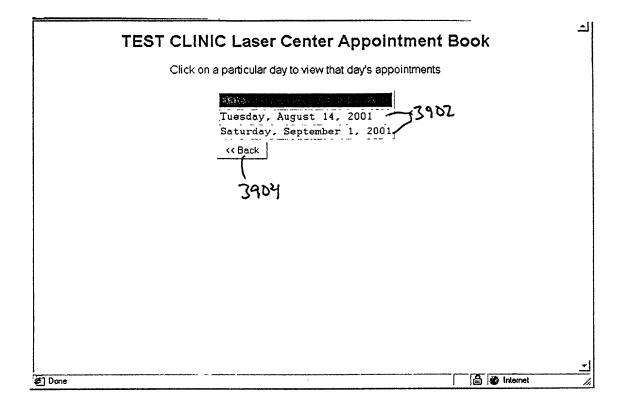


FIG. 39

; Print	Appoint:	ment Sc Jesday, Augu				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Appointment Time	Patient Name	Patient Phone	Patient Info	~400b	
	9:45 AM	Ursilla Smith	(809) 744-7688	View		
	9:45 AM	******		********	4004	
	9:45 AM			******		. 45
4001	9:45 AM			******		∓ 0
	10:45 AM	`		•••••		·
	10:45 AM		•••••	******		
	10:45 AM		*******			
	10:45 AM		***************************************		TENERO PER	,
	11:45 AM	P7-2000	******	********		
	11:45 AM	********		*******	185 s - 197 s	
	11:45 AM	******		*****		;
	11:45 AM	********	•••••			as falled
	View indivi		info for th	is day	•	

FIG. 40

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

Plan Type UT Truvision Deposit 200 Price 749 Current Comprehensive Tuesday, August 14th, 2001 - 9:45 am Booked Date 12/14/2000 laserNotes Return 20/05/tes	MemberID 1002991 Laser Provider Tes First Ursilia Mid Q Home Address 6975 Union Home Phone (809) 744-7688 Email usmith@earthlink.com	Last Smith	Entered By Becky Chase Birth Date 01/02/1974 State AZ Zip 94123 Work Ext 09/08/2000
J	Current Comprehensive Tuesday, August 14th, 2 Booked Date 12/14/2000		
	Più		1

FIG. 41

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

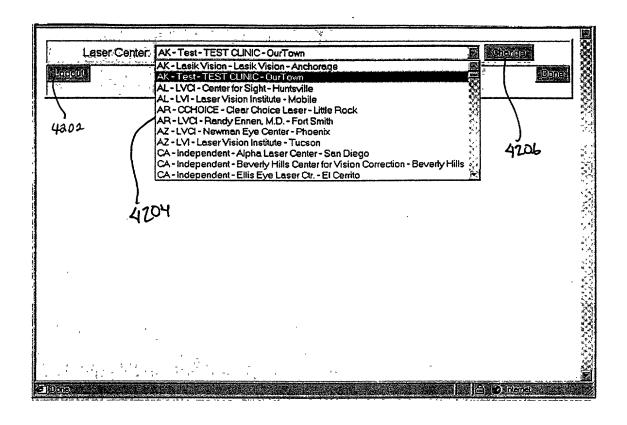


FIG. 42

Inventor: Lindsay T. ATWOOD Serial No.: 09/933,587

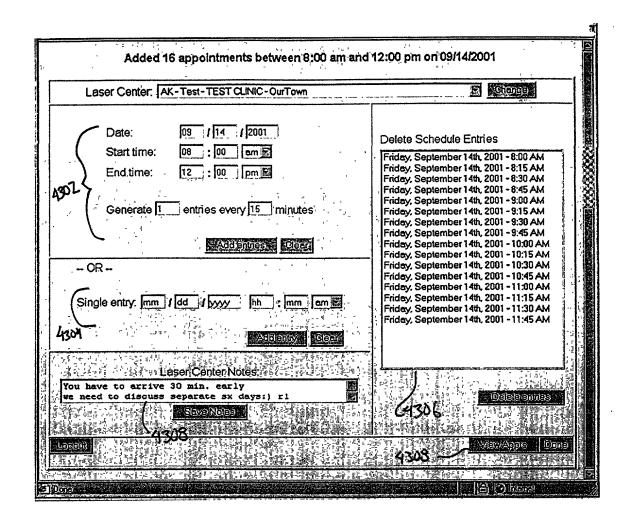


FIG. 43

	Clinic Laser Form		El-kei)
ID 1002991 Laser Provider Test	En	tered By Becky Chase]
First Ursilla Mid Q	Last Smith	Birth Date 01/02/1974	
Home Address 6975 Union	City Midvale	State AZ Zip 94123	1.18
Home Phone (609) 744-7688	Work Phone	Work Ext	
Email usmith@earthlink.com	Source Open Enrollment	Active Date 09/08/2000	
Plan Type UT Truvision Current Comprehensive Tuesday, August 14th, Surgery Scheduled Date 08/14/2001 Surgery Scheduled Time 2:00 PM Surgery Performed Date Laser Notes	Deposit \$200 2001 - 9:45 am	Booked Date 12/14/20 Cancelled Date ReasonCancelled	ıly I.
4402 4404		-σοτο- (4408	
j Com	Section disconnection (British deep	(a) Internation	

FIG. 44

OF SERVICES
Inventor: Lindsay T. ATWOOD
Serial No.: 09/933,587

H ET., T		Clinic Laser i	orm	The state of the s	(512)-1/03)
D. 1002991 Laser Provider	Test	5 F	Ent	ered By Becky Ch	lase
irst Ursilla	Mid Q	Last Smith	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Binth D	ate 01/02/1974
lome Address 6975 Union		City Mid	vale	State AZ	Zip 94123
lome Phone (809) 744-7688		Work Phone		Work Ext	
Email usmith@earthlink.com		Source Open Enroll	ment	Active D	ate 09/08/2000
Plan Type UT Truvision)eposit [\$200	P	rice \$749
Current Comprehensive Tuesd	ay, August 14th,	2001 • 9:45 am	*Sched	ile:	Paid in full C
Surgery Scheduled Date 09/ Surgery Scheduled Time 2:0			4506 -	Outco	O-
Surgery Performed Date		-	. 7	ReasonCar Edit	
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4502 4504	-	e versioner versione Versioner versioner v			
	4.5		'en . "		

FIG. 45

OF SERVICES
Inventor: Lindsay T. ATWOOD
Serial No.: 09/933,587

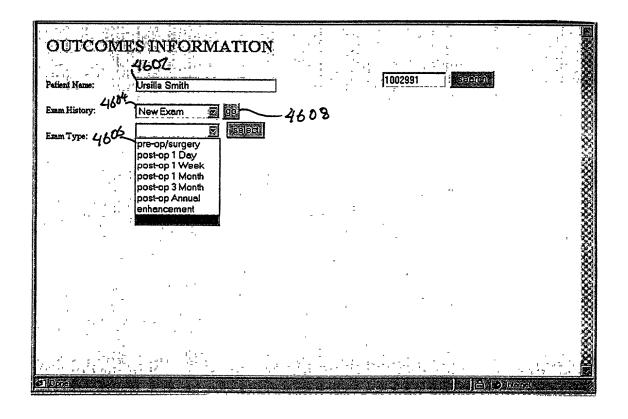


FIG. 46

OUTCOMES	SINFORMATION	
Patient Name:	Ursilla Smith	1002991
Exam History:	New Exam	\$.v
Emm Type:	nocton ? Mouth S	Date: 04/25/2001
Examining Doctor Name:	Dr. John Smith 2 4704	
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4-1-4	VD 0 mm	VD 0 mm.
K-readings (di		K-readings (diapters) / X
Steriod Drops FML Notes Seems to be work Surgeon Name: Dr. John S		PS Rewetting Drops Dion teers Dion teers
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DATE 12/15/2000 dist	The state of the s	DATE 12/15/2000 Histories
Pachymetry:	75)	REEngradity
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470) 2	

FIG. 47

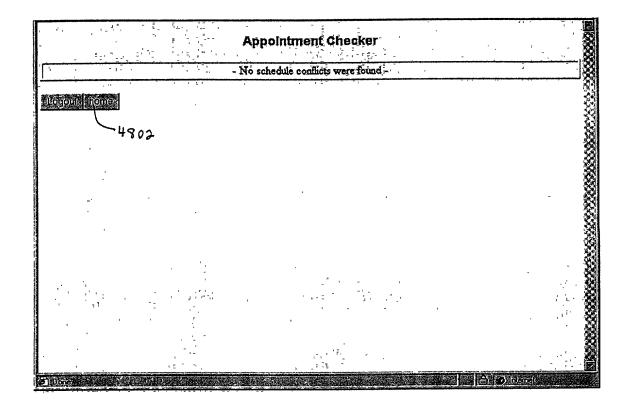


FIG. 48